

## PART B - FEE(S) TRANSMITTAL

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22203

7590

03/23/2007

KUSNER & JAFFE  
 HIGHLAND PLACE SUITE 310  
 6151 WILSON MILLS ROAD  
 HIGHLAND HEIGHTS, OH 44143



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Christine Goellner

(Depositor's name)

(Signature)

March 29, 2007

(Date)

04/03/2007 BABRAHA2 00000033 10632992

01 FC:1501

1400.00 OP

02 FC:1504

300.00 OP

03 FC:8001

9400 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/632,992	08/01/2003	Jeffrey R. Horacek	ST8631US	8982

TITLE OF INVENTION: CHEMICAL DELIVERY CONTAINER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	06/25/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MCKANE, ELIZABETH L	1744	422-275000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 KUSNER &amp; JAFFE

2 Michael A. Centanni

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

STERIS Inc.

Temecula, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 3

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- ☐ A check is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0537 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

29 MARCH 2007

Typed or printed name

MARK KUSNER

Registration No.

31,115

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Practitioner's Docket No. ST8631US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of: Jeffrey R. Horacek et al.

Application No.: 10/632,992

Group No.: 1744 Confirmation No.: 8982

Filed: August 1, 2003

Examiner: Elizabeth L. McKane

For: CHEMICAL DELIVERY CONTAINER

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. § 1.311)  
AND PAYMENT OF PUBLICATION FEE ((37 C.F.R. § 1.211(e))**

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. § 1.18 (a)):  
  
Application status is other than a small entity with an issue fee due in the amount of \$1,400.
3. Applicant hereby pays the publication fee for this application.
4. The publication fee set forth in § 1.18(d) (\$300) is required by 37 C.F.R. § 1.211(e).

**CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\***

*(When using Express Mail, the Express Mail label number is mandatory;  
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

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**37 C.F.R. § 1.8(a)**

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**37 C.F.R. § 1.10\***

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Signature

Date:

March 29, 2007

Christine Goellner

(type or print name of person certifying)

\* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

5. Payment of fee:

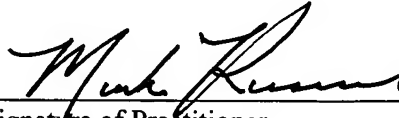
Authorization is hereby made to charge the amount of **\$1,709.00** to Credit card as shown on the attached credit card information authorization form PTO-2038.

Charge any additional fees required by this paper or credit any overpayment to our Deposit Account No. 50-0537. A duplicate of this paper is attached.

Date: 29 MARCH 2007

Reg. No.: 31,115  
Tel. No.: 440-684-1090

**Customer No.: 22203**



Signature of Practitioner

Mark Kusner  
KUSNER & JAFFE  
6151 Wilson Mills Road  
Highland Place - Suite 310  
Highland Heights, Ohio 44143